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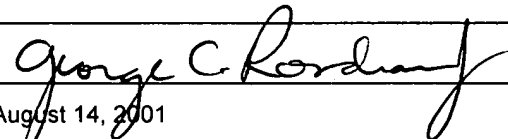
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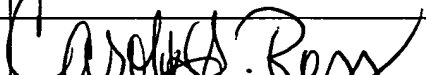
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TRANSMITTAL FORM <i>(To be used for all correspondence after initial filing)</i>	Application Number	09/878,870
	Filing Date	June 8, 2001
	First Named Inventor	George M. Zimmer
	Group Art Unit	
	Examiner Name	
	Attorney Docket No.	260006.442

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement; Form PTO-1449 <input type="checkbox"/> Cited References <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Declaration <input type="checkbox"/> Statement under 37 CFR 3.73(b) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input checked="" type="checkbox"/> Request for Refund	<input type="checkbox"/> CD(s), Number of CD(s) _____ <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Additional Enclosure(s) (please identify below): _____ _____ _____ _____
Remarks _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Individual Name	George C. Rondeau, Jr.	 00500 PATENT TRADEMARK OFFICE
Signature		
Date	August 14, 2001	

CERTIFICATE OF MAILING		
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on the date specified below.		
Typed or printed name	Carolyn L. Ross	
Signature		Date: August 14, 2001

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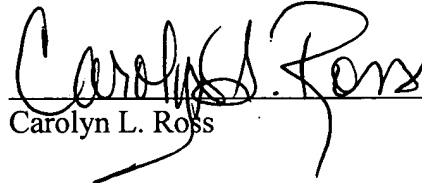
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PATENT

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Carolyn L. Ross

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : George M. Zimmer et al.
Application No. : 09/878,870
Filed : June 8, 2001
For : VAPORIZER WITH CAPACITY CONTROL VALVE

Docket No. : 260006.442

Date : August 14, 2001

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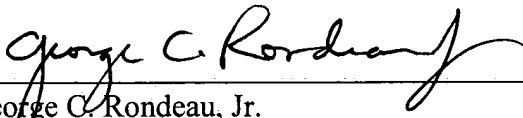
REQUEST FOR REFUND

Commissioner for Patents:

Applicant claims small entity status, and requests that the Patent and Trademark Office refund \$1.107 of the fee, which was paid on June 8, 2001 in the amount of \$2,254. Please credit the refund to Deposit Account No. 19-1090, referencing our Docket No. 260006.442. The fee has been recalculated as follows in accordance with applicant's small entity status:

Basic Fee	\$355
Total Claims (68, 48 extra)	432
Independent Claims (11, 8 extra)	320
TOTAL	\$1,107

Respectfully submitted,
 George M. Zimmer et al.
 Seed Intellectual Property Law Group PLLC



 George C. Rondeau, Jr.
 Registration No. 28,893

GCR:clr

Enclosures:
 Postcard
 Form PTO/SB/21

cc: Accounting

701 Fifth Avenue, Suite 6300
 Seattle, Washington 98104-7092
 Phone: (206) 622-4900
 Fax: (206) 682-6031

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